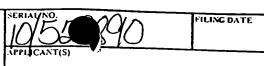
MULTIPLE DEPENDENT CLAIM FEE CALLILATION SHEET (FOR USE WITH FORM PTO-875)



CLAIMS

			AF	TER	A E		LAIN	15		·				
	AS FILED		I" AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1			<u> </u>	 		51 52	 					
3			-				1	53	 			 		
4		1					1	54			<u> </u>			
5			-				1	55						
6		_	-	<u> </u>			İ	56						
8						ļ	ł	57						
9			=					58 59						
10								60						<u> </u>
11								61					·	
12								62						
13								63						<u> </u>
14								64						
15 16					·			65						
17		-		1				66 67						
18			1					68						
19								69						
20								70						
21								71						
22								72						
23								73						
25								74 75						
26								76						
27								77						
28								78						
29								79						
30 31								80 81						
32				-				82						
33								83						
34								84						
35								85						
36				<u> </u>				86						
37 38						<u>-</u>		87 88						
39						—— <u> </u>		89	 -					
40								90						
41							I	91						
42							ı	92						
43			-	 		{	į	93						
44							ł	94 95						
46							}	96						
47							Ì	97						
48							i	98						
49		}					ļ	99						
50 TOTAL IND.	7	T	3	A			1	100 TOTAL IND.		II.		1		<u>""</u>
TOTAL DEP	TE		IK	_		_	. }	TOTAL DEP.		~		_	لـــــــــــــــــــــــــــــــــــــ	4=
TOTAL	P		10				ł	TOTAL	15					
CLAIMS	1 42 1		40				L	CLAIMS		.S. DEPARTI		MMERCE		- 42.00
PTO - 1360 (REV. 11/04)								P	steet and Tra	demark Offic			